MEDI-CAL UPDATE

Outpatient Services
Bulletin 350

Billing and Policy
Hospice Care Program Bulletin 350 — December 2003

Contents

Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update *may not always contain a "Billing and Policy" section.*

County Medical Services Program: Rate Adjustment

Effective for dates of service on or after November 1, 2003, the County Medical Services Program (CMSP) implemented a 10 percent rate reduction for services rendered to CMSP recipients. This reduction applies to CMSP recipients with the following aid codes: 50, 84, 85, 88, 89 and 8F. This reduction does not apply to inpatient services.

Remittance Advice Details (RADs) will identify payments affected by these rate reductions with RAD code message 477: "CMSP (County Medical Services Program) reduction cutback."

Note: This reduction is not related to the Medi-Cal reimbursement reduction of 5 percent (required by the *Welfare and Institutions Code* [W&I], Section 14105.19).

Information about this rate reduction is reflected on provider manual replacement page county med 12 of the Part 1 manual.

2004 HCPCS and CPT-4 Codes: Billing Update

The 2004 updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and *Healthcare Common Procedure Coding System* (HCPCS Level II codes) will become effective for Medicare on January 1, 2004. Medi-Cal has not yet adopted the 2004 updates. Do not use the 2004 code updates to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.

HIPAA: Billing Examples

The September 2003 bulletin included updates to your provider manual as a result of the first phase of the Health Insurance Portability and Accountability Act (HIPAA) implementation. Billing examples in this month's *Medi-Cal Update* conform to recently published HIPAA standards. Please refer to the new billing examples when submitting claims for dates of service on or after September 22, 2003.

Important: When you update your manual, please retain the billing examples that you remove. Place them after the Appendix tab at the back of your manual. These pages will help you bill for services rendered prior to September 22, 2003.

These updates are reflected on manual replacement pages medi cr op ex 1 thru 10 (Part 2).

ICD-9-CM Diagnosis Codes: 2004 Updates

Providers may use the following diagnosis codes for claims with dates of service on or after January 1, 2004. Please refer to the 2004 *International Classification of Diseases, 9th Revision, Clinical Modification, 6th Edition* (ICD-9-CM) for the description of each diagnosis code.

Additions

079.82	289.82	530.21	728.88	850.11	V53.91
255.10	289.89	530.85	752.81 *	850.12	V53.99
255.11	331.11 §§	600.00 *	752.89	959.11	V54.01
255.12	331.19	600.01 *	766.21 †	959.12	V54.02 §
255.13	331.82	600.10 *	766.22 †	959.13 *	V54.09
255.14	348.30	600.11 *	767.11 †	959.14	V58.63
277.81	348.31	600.20 *	767.19 †	959.19	V58.64
277.82	348.39	600.21 *	779.83 †	996.57	V58.65
277.83	358.00	600.90 *	780.93	V01.82	V64.41
277.84	358.01	600.91 *	780.94	V04.81	V64.42
277.89	414.07 +	607.85 *	781.94	V04.82 ††	V64.43
282.41	458.21	674.50 **	785.52	V04.89	V65.11 ** ‡
282.42	458.29	674.51 **	788.63	V15.87	V65.19
282.49	480.3	674.52 **	790.21	V25.03 ** ‡	V65.46
282.64	493.81	674.53 **	790.22	V43.21	E928.4
282.68	493.82	674.54 **	790.29	V43.22	E928.5
289.52	517.3	719.7	799.81 ‡‡	V45.85	
289.81	530.20	728.87	799.89	V53.90	

* Restricted to males
** Restricted to females
† Restricted to ages 0 thru 1 years
†† Restricted to ages 0 thru 3 years
§ Restricted to ages 0 thru 21 years
§§ Restricted to ages 0 thru 50 years
‡ Restricted to ages 5 thru 70 years
‡‡ Restricted to ages 10 thru 99 years
\+ Restricted to ages 40 thru 99 years

Revisions

The descriptions for the following ICD-9-CM diagnosis codes are revised: 282.60, 282.61, 282.62, 282.63, 282.69, 414.06, 491.20, 491.21, 493.00, 493.02, 493.10, 493.12, 493.20, 493.22, 493.90, 493.92, V06.1 and V06.5.

Inactive

Effective for dates of service on or after January 1, 2004, the following ICD-9-CM diagnosis codes are inactive and no longer reimbursable: 255.1, 277.8, 282.4, 289.8, 331.1, 348.3, 358.0, 458.2, 530.2, 600.0, 600.1, 600.2, 600.9, 719.70, 719.75, 719.76, 719.77, 719.78, 719.79, 752.8, 766.2, 767.1, 790.2, 799.8, 850.1, 959.1, V04.8, V43.2, V53.9, V54.0, V64.4 and V65.1.

Instructions for Manual Replacement Pages
Hospice Care Program (HOS) Bulletin 350 December 2003

Part 2

Remove and replace: hospic bil ex 1 thru 3 *
medi cr op ex 1 thru 10
tar sub clk 1/2 *
tar submis 1/2 *

* Pages updated/corrected due to ongoing provider manual revisions.